

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026186

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6677

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED JUL 5 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. LouisLength of stay in 1b  
9 1/2 Monthsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Jewish Hosp.Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

c. CITY OR TOWN University City

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
7133 TulaneReside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print) JOSEPH Joseph

First

Middle MILLER M. Lisa

Last

4. DATE OF DEATH

Month Day Year

JUNE 24 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1-15-88

## 9. AGE (last birthday)

75

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Repair

## 10b. KIND OF BUSINESS OR INDUSTRY

Shoes

## 11. BIRTHPLACE (City and state or country)

Russia

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Isaac Miller

## 13b. MOTHER'S MAIDEN NAME

Leah (unk.)

## 14. NAME OF HUSBAND OR WIFE

Ida

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Ida Miller 7133 Tulane

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute Bronchopneumonia

## INTERVAL BETWEEN ONSET AND DEATH

2 days

## DUE TO (b)

Cerebral Vascular Thrombosis

3 years

## DUE TO (c)

332X

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic Heart Disease

## PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour s.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from 3/2/63 to 6/24/63 and last saw her alive on 6/24/63

Death occurred at 6:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Alvin S. Wenker, M.D.

## 22b. ADDRESS

8112 Delmar

## 22c. DATE SIGNED

6/24/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

6-26-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Chesed Shel Emeth

## 23d. LOCATION (City, town, or county)

University City, Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

Berger Memorial

4715 McPherson

## 25. DATE RECD. BY LOCAL REG.

JUN 26 1963

## 26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Seamus J. Davis*  
\_\_\_\_\_

Licensed Embalmer No. 3988

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.